## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10759379

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       |       | SMALL ENTITY TYPE   |                        |       | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----------------------------------------|------------------------------|---------------------------------------|-------|---------------------|------------------------|-------|----------------------------|------------------------|
| TOTAL CLAIMS 126                                                         |                                                                                                                                                                                 |                                           | (3.2.2        |                                        | 100.0                        |                                       |       | RATE                | FEE                    |       | RATE                       | FEE                    |
| FOR                                                                      |                                                                                                                                                                                 |                                           | NUMBER FILED  |                                        | NUMBER EXTRA                 |                                       |       | BASIC FEE           | 385.00                 | OR    | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                                                                                                                                                 |                                           | 76 minus 20=  |                                        | * 56                         |                                       |       | X\$ 9=              | 504                    | OR    | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                       |                                                                                                                                                                                 |                                           | [  minus 3 =  |                                        | *\                           | 2                                     |       | X43=                | 516                    | OR    | X86=                       |                        |
| MU                                                                       | LTIPLE DEPEN                                                                                                                                                                    | DENT CLAIM PI                             | ·             |                                        |                              |                                       | +145= |                     | OR                     | +290= |                            |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       | TOTAL | 1405                | OR                     | TOTAL |                            |                        |
|                                                                          | С                                                                                                                                                                               | LAIMS AS A<br>(Column 1)                  | MENDED        | MENDED - PART II (Column 2) (Column 3) |                              |                                       |       | SMALL E             | ENTITY                 | OR    | OTHER<br>SMALL             |                        |
| AMENDMENT A                                                              |                                                                                                                                                                                 | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVIO                  | EST<br>BER<br>DUSLY          | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | *                                         | Minus         | **                                     |                              | =                                     |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|                                                                          | Independent                                                                                                                                                                     | *                                         | Minus         | ***                                    |                              | =                                     |       | X43=                |                        | OR    | X86=                       |                        |
| <u> </u>                                                                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |               |                                        |                              |                                       |       | +145=               |                        | OR    | +290=                      |                        |
|                                                                          |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       |       | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
|                                                                          |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       |       |                     |                        |       |                            |                        |
| AMENDMENT B                                                              |                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               |                                        |                              | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | *                                         | Minus         | ##                                     |                              | =                                     |       | X\$ 9=              | -                      | OR    | X\$18=                     |                        |
|                                                                          | Independent                                                                                                                                                                     | *                                         | Minus         | ***                                    | 4                            | =                                     |       | X43=                |                        | OR    | X86=                       |                        |
| L                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |               |                                        |                              |                                       |       | +145=               |                        | OR    | +290=                      |                        |
|                                                                          |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       |       | TOTAL               |                        | OR    | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                                                                                                                                                 |                                           |               |                                        |                              |                                       |       |                     |                        |       |                            |                        |
| AMENDMENT C                                                              | `                                                                                                                                                                               | CLAIMS REMAINING AFTER AMENDMENT          |               | HIGH<br>NUM<br>PREVI                   | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      |       | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE.                      | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                                                                                                                                           | *                                         | Minus         | **                                     |                              | =                                     |       | X\$ 9=              |                        | OR    | X\$18=                     |                        |
|                                                                          | Independent                                                                                                                                                                     | *                                         | Minus         | ***                                    |                              | ]=                                    |       | X43=                |                        | OR    | · X86=                     |                        |
| $\mathbb{L}$                                                             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                  |                                           |               |                                        |                              |                                       |       | +145=               |                        | OR    | +290=                      |                        |
|                                                                          | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                                           |               |                                        |                              |                                       |       |                     |                        | OR    | TOTAL                      |                        |
| **                                                                       | If the "Highest No                                                                                                                                                              | imber Previously P<br>imber Previously F  | aid For IN TH | IS SPACE                               | is less th                   | an 20, enter "20.<br>an 3. enter "3." |       | ADDIT. FEE          | propriate bo           | 4.    | ADDIT. FEE<br>olumn 1.     |                        |